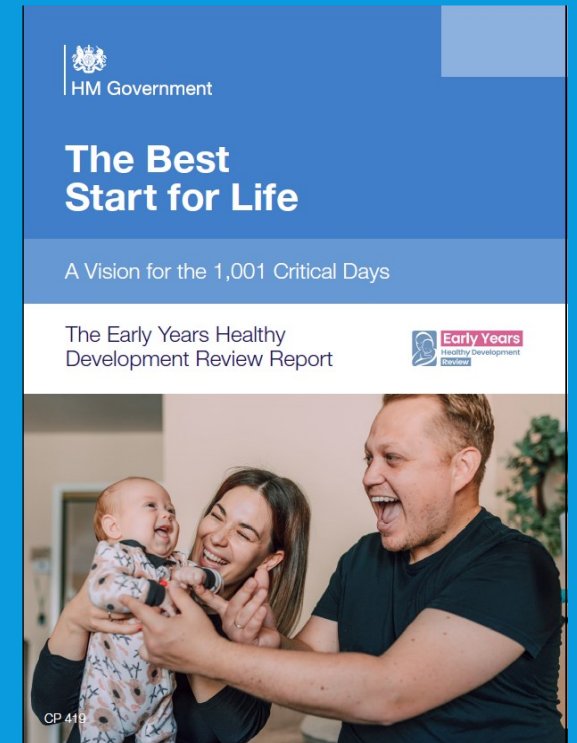


FAMILY HUBS & START FOR LIFE PROGRAMME

BACKGROUND

- The Best Start for Life – A Vision for the 1,001 critical days (conception to 2 years)
- The Early Years Healthy Development Review – Aimed at improving health & development outcomes for babies in England
- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development.
- Underscores the importance of getting the foundations right, early intervention and holistic care



BACKGROUND

The Best Start for Life sets out 6 Action Areas

Ensuring families have access to the services they need:

1. Seamless support for Families
2. A welcoming Hub for families
3. The information families need, when they need it

Ensuring the Start for Life system is working together to give families the support they need:

4. An empowered Start for Life workforce
5. Continually improving the Start for Life offer
6. Leadership for change



PROGRAMME OBJECTIVES

- To provide support to parents and carers so they can nurture their babies and children, improving health and education outcomes for all.
- To build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts.
- To contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it.

CORE20PLUS5 – NHS FRAMEWORK FOR ADDRESSING INEQUALITIES

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS5

Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

HEALTH INEQUALITIES FACED BY CHILDREN AND YOUNG PEOPLE IN MEDWAY



- Go to www.menti.com
- Enter code: 6394 6143

THE PROGRAMME GUIDE

- In August, the Department of Health & Social Care and Department for Education published a Programme Guide which sets out what Local Authorities and their partners are expected to deliver in exchange for the funding
- The guidance also sets out expectations for Family Hub services which are not receiving additional investment through the programme.
- Minimum expectations and 'go further' requirements - in recognition that every area will be at a different stage of development
- LAs & delivery partners expected to be delivering the minimum expectations and some go further options by the end of the programme



Department
of Health &
Social Care



Department
for Education

PROGRAMME GUIDE - CROSS CUTTING THEMES

- Enhancing existing provision – not necessarily starting from scratch
- Maximising access – hubs, outreach and online
- Comms & Engagement – Raising awareness of services and how to access them
- Integration – Agencies working in a more joined up way. (Planning, commissioning, assessment and referral processes)
- Management Information - Needs assessments, monitoring and evaluation, assessing reach, addressing equality and diversity
- Engagement with underserved and vulnerable groups
- Peer support
- Workforce development
- Co-design with parents and carers

FUNDING

Distribution of the funding allocation across the programme's strands

| Strand | % |
|---|-------|
| Family Hubs Programme | 19.6% |
| Family Hubs Capital | 4.9% |
| Perinatal Mental Health and Parent-Infant Relationships | 31% |
| Parenting Support | 15.7% |
| Infant Feeding Support | 16.1% |
| Home Learning Environment Services | 9.3% |
| Publishing Start for Life Offer and Parent Carer Panels | 3.5% |

MEDWAY'S APPROACH

- Led jointly by Public Health and Children's Services
- Scoping and engagement with wide range of stakeholders to shape local delivery plan
- Aligned with key related areas of work e.g. Parenting Strategy, Early Years Partnership Forum, Infant Feeding Strategy, Child Friendly Medway, Supporting Families Programme
- Governance and accountability – Early Help Partnership Board
- Multi Agency Working group established

THE PROGRAMME GUIDE – BRIEF HIGHLIGHTS

FAMILY HUBS

- Funding for creating / developing Family Hub Networks serving children of all ages (0-19/25yrs)
- Key principles: Access, Connection & Relationships
- Increase range and number of services offered through hubs
- Support developments in; service integration, multi agency governance, co-location, addressing accessibility and engagement, training and development
- Capital funding for adaptations, infrastructure, kit

In Medway

- Transformation team
- Workforce development
- SEND and accessibility adaptations

In terms of how we define these services and their interaction with family hubs, this will be:



Service is received physically or in person at a family hub building by the relevant professional or practitioner;



Service is accessed through the family hub network but received elsewhere (e.g. VCS organisation, via outreach, clinical setting), not in the family hub building



Virtual offer

FAMILY HUB SERVICE EXPECTATIONS

- The Programme Guide also sets out a list of 24 services (not funded by this programme) that participating local authorities should provide access to via the Family Hub network either face to face or virtually / online.
- These include; Maternity, Health Visiting, activities for 0-5 year olds, domestic abuse support, housing support, intensive targeted family support, 0-19 public health services, mental health services, nutrition and weight management services, reducing parental conflict, SEND support and youth work

PERINATAL MENTAL HEALTH AND PARENT-INFANT RELATIONSHIPS

- To promote positive early relationships and good mental wellbeing for babies and their families.
- Focus on: Mild to moderate perinatal mental health difficulties and universal parent–infant relationship support.
- Range of approaches – face to face, virtual, in hubs, outreach, groups, 1-2-1, peer support
- Support available for dads and co-carers as well as mothers
- In Medway
- Mindful parenting
- Development of peer support model and workforce training (VCS led)
- Online counselling support

PARENTING SUPPORT

- Funding is intended to facilitate services to help all new and expectant parents make the transition to parenthood as smooth as possible, with an emphasis on the importance of sensitive and responsive caregiving.
- Includes universal and targeted provision
- Range of approaches – face to face, virtual, in hubs, outreach, groups, 1-2-1, peer support
- Use of digital / social media platforms to enable new parents / carers to access virtual peer support at times convenient to them

In Medway

- Support for our targeted cohort (SEND)
- Working with VCS to deliver NCT style peer support pre and post natally
- Triple P, Incredible Years and other licensed parenting support programmes

HOME LEARNING ENVIRONMENT SERVICES

- Targeted interventions to support parents with the HLE
- Support in meeting developmental milestones – particularly in relation to speech and language
- Focus 3-4 year olds and school readiness
- Key contact in hubs to provide info and support parents of pre-school age children, identify children in need of support and assisting access to programmes / interventions
- Staff across the hub system using evidence based early language assessment tools and connecting families to the best interventions to meet their needs

In Medway

- Health Visitors and VCS – early identification and tiered support
- Digital tool for parents - Speechlink

PUBLICATION OF START FOR LIFE OFFER / PARENT CARER PANELS

- The SFL offer is publicised through a variety of routes – physically, and online via a single online space
- Staff interacting with parents and carers are able to connect families to the offer
- Parent and Carer Panels are established which put the needs of local babies and families at the centre of service design and delivery
- Parents and carers supported to attend and contribute to discussions – including provision of expenses e.g. food & drink, vouchers, funded childcare.

In Medway

- Aligned to child friendly Medway branding
- Commissioning independent parent carer panel

INFANT FEEDING SUPPORT

- A blended offer that will promote the benefits of breastfeeding and support parents to meet their infant feeding goals.
- Antenatal classes offered to all expectant parents including fathers / co-carers
- All parents able to access 1-2-1 practical help on hospital wards and in hubs to support breastfeeding initiation, responsive feeding and relationship building.
- Targeted / focussed support available to support those less likely to breastfeed e.g. younger, first time and more vulnerable parents

In Medway

- Non clinical staff based on delivery wards to support initiation
- Insights and targeted campaigns

Previous Infant Feeding Strategy

2018-2023

Appendix 1

**A BETTER
MEDWAY**
Easier ways to be healthy

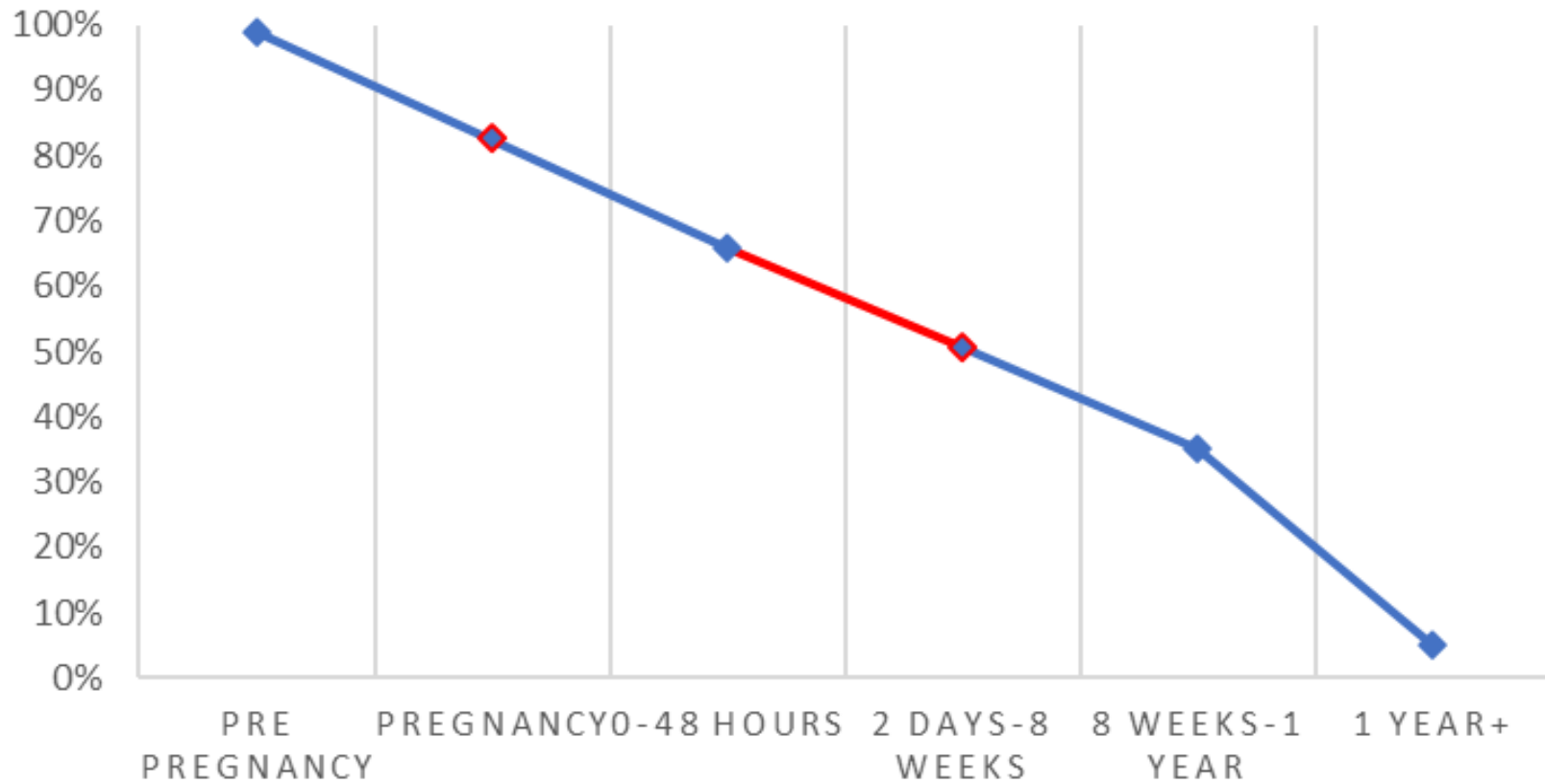
Medway Infant Feeding Strategy 2018

| | |
|---------------------------|-------------|
| Executive summary | Page 2 |
| Background and prevalence | Pages 3 - 4 |
| Why breastfeeding matters | Pages 4 - 5 |
| Insights | Page 5 |
| 2018 Strategy Priorities | Page 6 |
| 2018/19 Action Plan | Pages 7 - 8 |



   
Medway Clinical Commissioning Group NHS Foundation Trust Medway
Serving You

CURRENT BF RATES FOR MEDWAY



Strategy refresh steps so far

- Identify scope of strategy
- Infant Feeding interventions mapped
- Literature evidence review
- Breastfeeding initiation and continuation data analysis
- Focus groups and in depth interviews with lowest breastfeeding demographics
- Strategy development workshop with Infant Feeding Strategy Group

2023 – 2028 Strategy Scope

Nutrition and physical health

- Increase in breastfeeding
- Responsive bottle feeding
- Healthy eating choices for early years
- Links to healthy weight and obesity
- Introducing solid foods (time and type)
- Healthy Start Voucher uptake
- Grow my brain, first 1,000 days
- Neurological development

Mental wellbeing

- Relationship building between infant and parent/carers
- Solid connections, parental anxiety

Principles

- 4 pillars; protecting, supporting, normalising, promoting
- Focus on inequalities
- Transition to parenthood

Literature review - Barriers

- Lack of practical support available
- Conflicting health professional advice about breastfeeding
- Feeding in public fears
- Cultural norms & peer pressure
- Formula feed advertising exposure
- Lack of confidence to breastfeed and fear of failure
- Pain when breastfeeding (actual & perceived)
- Initial breastfeeding difficulties affecting confidence
- Bottle feeding convenience
- Illness and medical condition of mother and infant
- Stress and anxiety
- Competing responsibilities
- Wanting partner involvement in feeding
- Breasts viewed as sexual not maternal
- Baby weight gain fears after birth
- Returning to work
- Insufficient breast milk supply
- Feeling like a nuisance to health professional by needing extra feeding support
- Tongue tie of infant
- Perception of wealth to be able to afford to bottle feed
- Building and space design not encouraging breastfeeding in the community

Literature review - Enablers

- Religious belief encouraging breastfeeding
- Regular consistent health professional advice
- Specialist support available when issues arise with feeding
- Cultural and family norms of breastfeeding
- UNICEF BFI status for local acute and community setting
- Continuity of care from professionals
- Knowing the health benefits of breastfeeding to baby
- Family support
- Breastfeeding convenience as opposed to making bottles
- Peer support sessions
- Bonding benefits between mother and infant
- Facebook and online support groups
- Environmental and carbon impact of formula
- High cost of formula compared to free breast milk
- Antenatal education sessions
- Health benefits of breastfeeding to mother
- Weight loss for mothers who breastfeed

Data analysis key findings

Age of mother at birth

- For both breastfeeding initiation and continuation, **lower** rates were found among **younger mothers** (i.e., under 20-year-olds)

Ethnicity of mother/infant

- For both breastfeeding initiation and continuation, **lower** rates were found among the **White ethnic group**. The **highest** rates were seen in the **Asian or Asian British** and the **Black, Black British, Caribbean or African Groups**.

Skin to Skin Contact

- There is a positive association with breastfeeding initiation in the hospital (baby's first feed) and skin to skin contact after birth. **Significantly higher** breastfeeding rates were seen in those mothers and babies that **had skin to skin contact**, compared with those that did not.

Ward

- Whilst there are some visible breastfeeding initiation and continuation inequalities between wards, **statistically significant differences were scarce** (due to the relatively small sample size)

Deprivation

- There are significant inequalities between the most and least deprived quintiles in Medway for breastfeeding initiation and continuation rates. The **most deprived** areas consistently had the **lowest percentage of babies breastfed** compared to the least deprived areas.

Antenatal visits

- There is a positive association with breastfeeding continuation (at both the New Birth Visit and the 6-8 week visit) and whether an antenatal visit was attended. **Significantly higher** breastfeeding continuation rates were seen **from mothers who attended an antenatal visit**.

Insights

| COM-B construct | COM-B sub-construct | TDF domain | Themes identified as drivers (+) or barriers (-) |
|-----------------|---------------------|--|---|
| Capability | Psychological | Knowledge Memory, attention, and decision processes Behavioural regulation | Knowledge of health benefits (+) Breast is Best message (-) Inaccurate or lack of information about the challenges (-) Intention to breastfeed (+/-) Pride & resilience (+) Shyness, shame, anger (-) |
| | Physical | Skills | Personal or vicarious experience of physical challenges (-) Pain (-) |
| Opportunity | Social | Social Influences | Social norms (+/-) Family norms (+/-) Peer support (+) Non-birthing partner feeling surplus to requirements (-) Non-birthing partner finding alternative methods of support (+) Old-fashioned values (-) Breasts as the problem (sexualising breasts) (-) |
| | Physical | Environmental context and resources | Professional support divide (+/-) Online and social media support (+) Finding your own way (-) Other commitments (-) Convenience (+) Cost (+) Unsanitary and unsafe spaces (-) |
| Motivation | Reflective | Beliefs about capabilities Social/professional role and identity | Preparing for challenges (+) Self-efficacy and confidence (+) |
| | Automatic | Optimism Intentions and Goals Emotion Reinforcement | Breastfeeding is natural and normal (+) Just having a go (no expectations) (+) Feeling pressured (-) Mental wellbeing (+/-) Sleep deprivation (-) Bond with baby (+) |

Draft strategy goals (workshop output)

- Goal 1 – Provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development
- Goal 2 – Fully understand the target audience and how we can best encourage breastfeeding and responsive feeding in Medway
- Goal 3 – Widely promote the benefits of breastfeeding, responsive feeding, introducing solid foods at six months and Healthy Start
- Goal 4 – Ensure all residents and professionals know what in person and online infant feeding support services are available in Medway
- Goal 5 – Normalise and promote the benefits of breastfeeding to children, young people, grandparents and the wider support group around the infant and mother
- Goal 6 – Recruit more multi-sector partners to support the infant feeding agenda

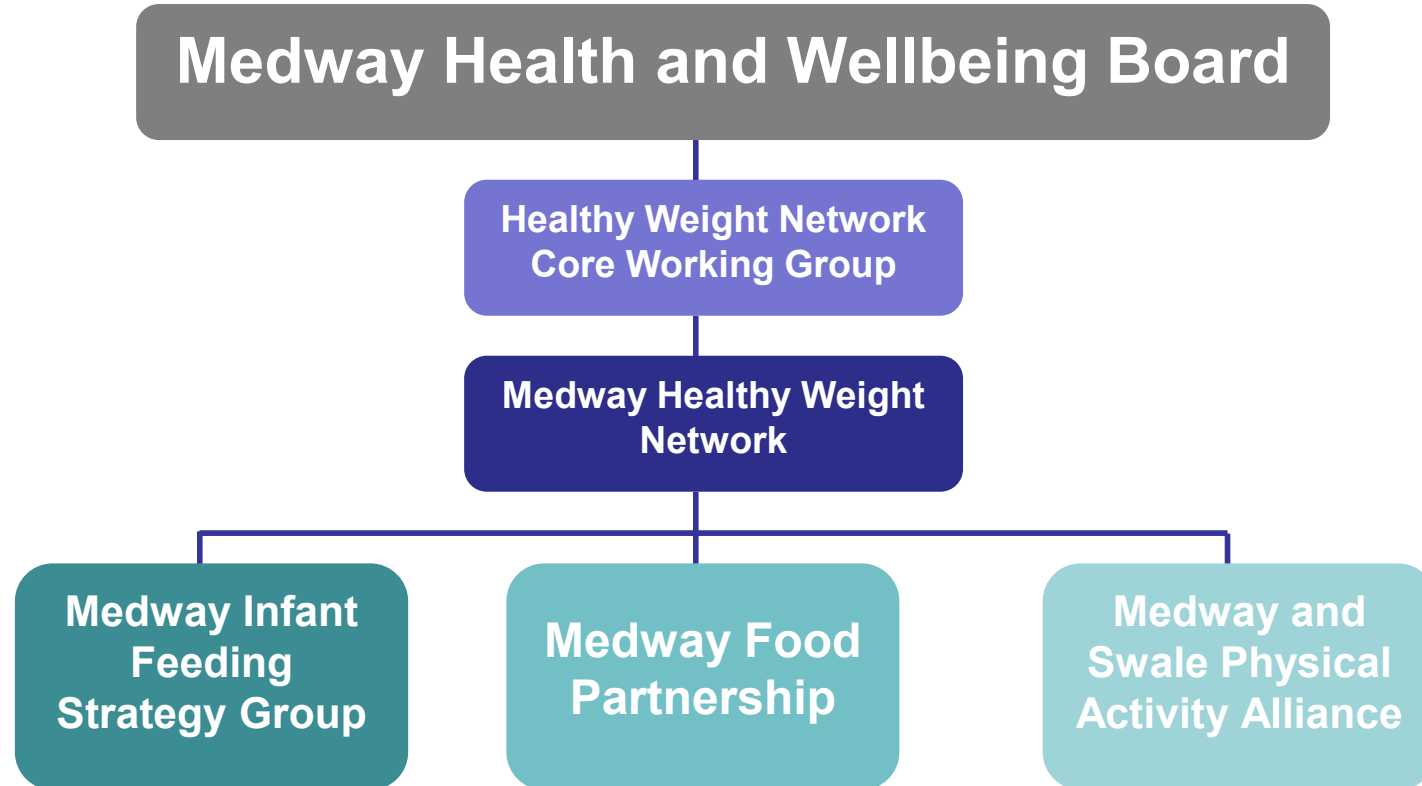
Next steps

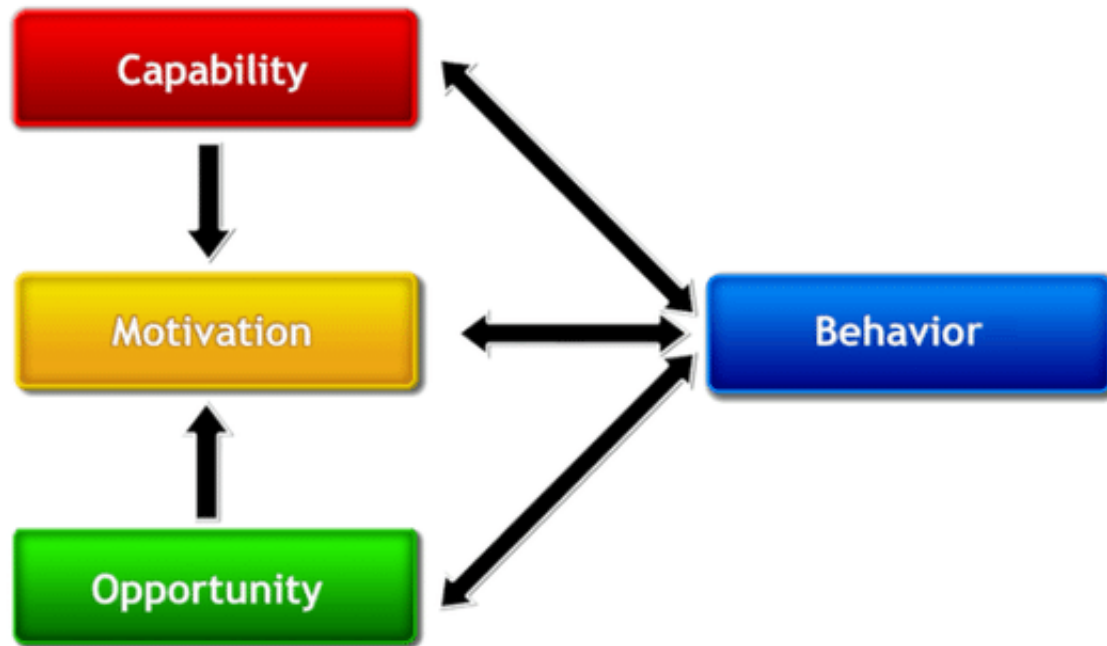
- Existing interventions to continue
- Detailed resource implication discussions for new interventions
- Draft goals and new interventions tested with residents
- Strategy drafted and feedback from partners
- Action plan developed
- New actions and interventions to commence

Whole System Obesity Update

May 2023

Medway Accountability





Obesity Dashboard

Not secure | wholesystemobesity.uk/medway/

For quick access, place your favourites here on the favourites bar. [Manage favourites now](#)

CCG - Kent and Medway Clinical Commissioning Group
 Chatham Maritime Trust
 Greenacre Sports Partnership
 Select all

Food growing
 Healthy eating
 Healthy settings
 Select all

A Better Medway Champions
 ABM training of professionals
 Allotment
 Select all

Map Table
 Click on a point on the map for further information about an intervention.

Map interventions by:
 Stakeholder Subject area Intervention

Cluster size:
 5 10 15 20 25 30 35 40 45 50

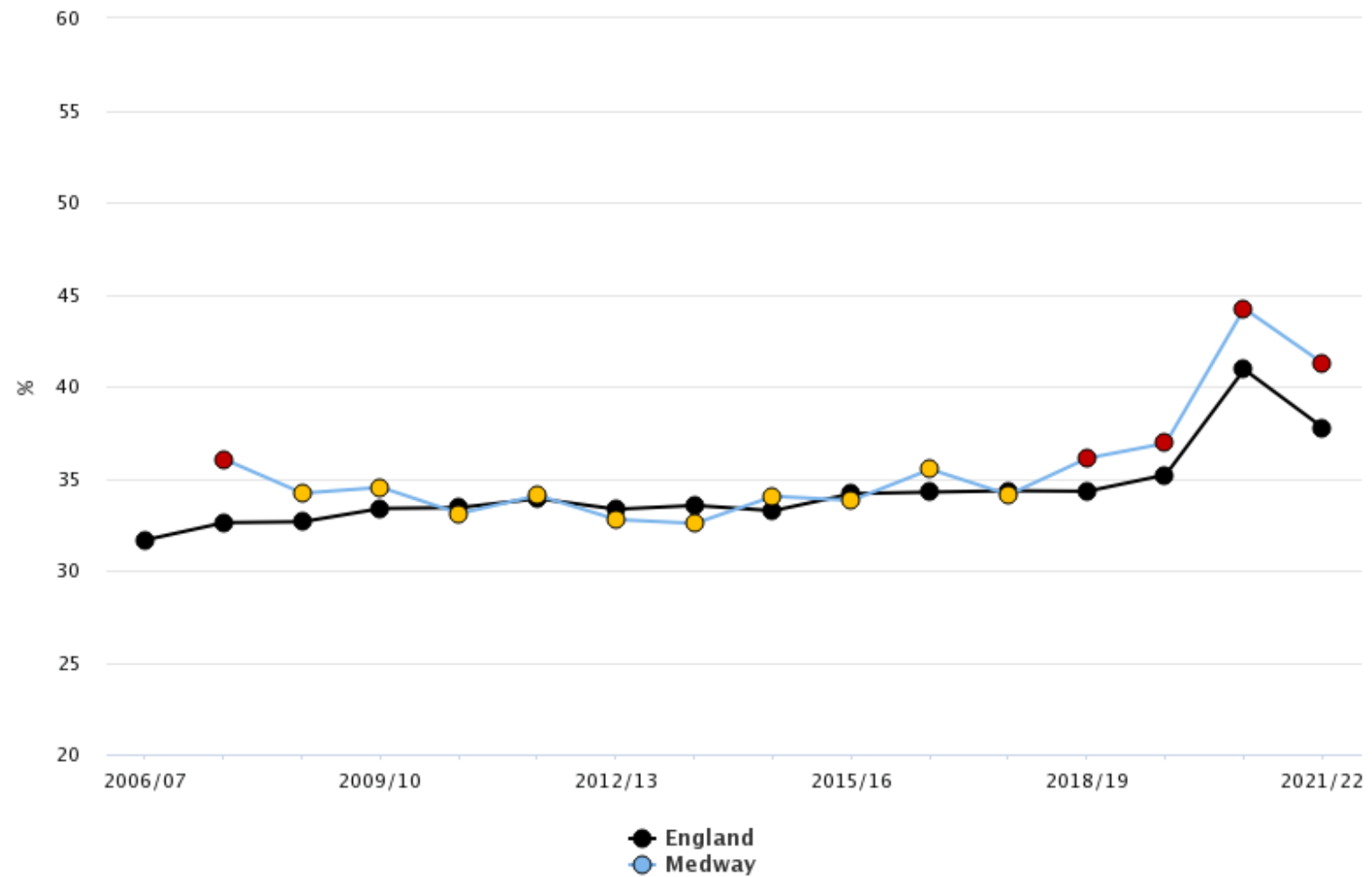
Stakeholder name
Cluster
 Age UK
 Chatham Maritime Trust
 Greenacre Sports Partnership
 KM Charity/Inspire Schools
 Mason Mile
 Medway Adult Education
 Medway Community Healthcare CIC
 Medway Council, Green Spaces
 Medway Council, Leisure services
 Medway Council, Public Health
 Medway Watersports
 Nicola Kidney (MELT)
 Park Run (Vitality partners)
 Parkrun
 Seven Chakras Yoga Studio
 Slimming World
 Sonia Everest
 St Augustine's Church
 The Howard School Partnership
 Weight Watchers

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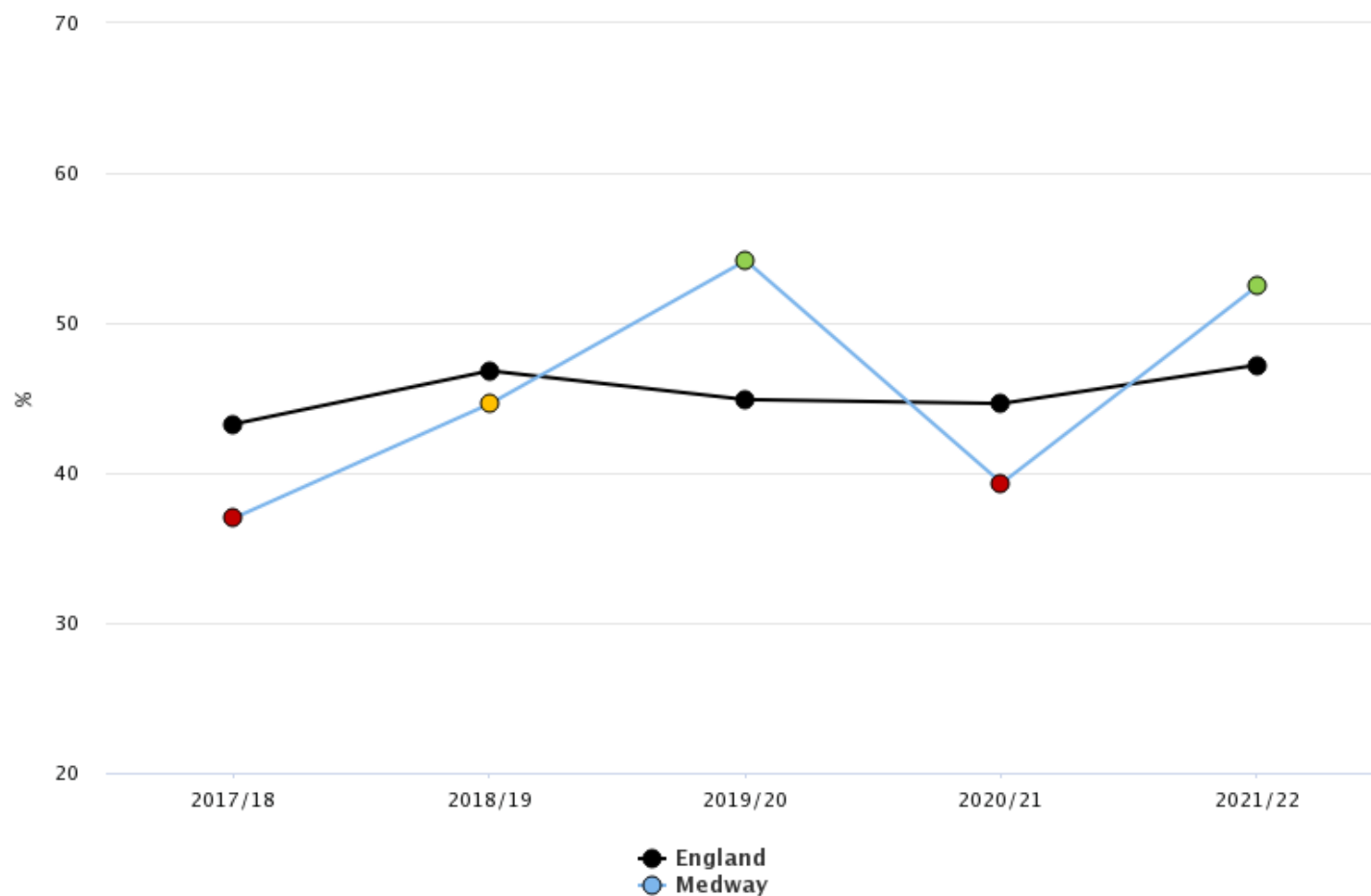
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9°C 09:27 30/11/2021

C09b – Year 6: Prevalence of overweight (including obesity) for Medway



C10 - Percentage of physically active children and young people for Medway



Healthy weight network achievements for 2022

- Whole school food programme engagement
- Medway Can healthy weight campaign reach
- Healthy Weight network membership at all time high
- HEY award recognised nationally
- Reductions in obesity for children and adults and improvements in children's physical activity levels

Medway HW Network Priorities for 2023

- Medway to be awarded sustainable food place bronze status
- Increase the reach and engagement level of the physical activity alliance
- Refresh the infant feeding strategy